

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re prior application of: Judy GSHANNON, et al.

Application No.: 09/595,51/5

Filed: June 15, 2000

For: BOOKMARK

Group No.: 2859

Examiner: A. Hirshfeld

Box FEE AMENDMENT Commissioner for Patents Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

05/15/2001 HMDHAMM1 00000093 210800 09595515

01 FC:217

445.00 CH

Fee: \$445.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

Deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

Date: 3/9/0]

FACSIMILE

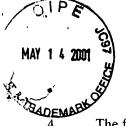
transmitted by facsimile to the Patent and Trademark Office.

Signature

Gary M. Anderson

(type or print name of person certifying)

(Amendment Transmittal--page 1 of 2)



FEE FOR CLAIMS

OTHER THAN A

OEMARY 4.	FEE FOR CLAIMS The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:						TO BE COLLEGE OF THE
	(0.11)		(Cal. 2)	(Cal. 2)	OTHER THAN A SMALL ENTITY		
	(Col.1) Claims Remainir After Amendme	ng	(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra	Rate	Addit. Fee	1,2500
Total	20	Minus	20	= 0	x \$18 =	\$0	- 1,5F
Indep.	6	Minus	6	= 0	x \$80 =	\$0	
First Pro	First Presentation of Multiple Dependent Claim					\$0	

Total Addit. Fee <u>\$0</u>

- If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
- If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE PAYMENT

5. Please charge \$445.00 fee to our Deposit Account No. 21-0800.

FEE DEFICIENCY

If any additional extension and/or fee is required, charge Account No. 21-0800. 6. If any additional fee for claims is required, charge Account No. 21-0800.

Gary M. Anderson Registration No. 30,729

GMA:srp

FULWIDER PATTON LEE & UTECHT, LLP

200 Oceangate, Suite 1550 Long Beach, CA 90802 Tel. No.: 562-432-0453

Customer No. 27629